



Independent, Minor Party or Indigent Candidate Declaration, Oath of Candidacy and Petition for Nomination

FOR FILING
OFFICE ONLY

Filed this _____ day of _____, 20____
Document # _____
By: _____
Deputy or Filing Officer

DECLARATION AND OATH TO BE FILED WITH ☐ SECRETARY OF STATE ☐ COUNTY ELECTION ADMINISTRATOR

Filing for office of _____ as a candidate for the: ☐ General ☐ Other: (_____) election to be held on _____, 20____,
as a(n) ☐ Independent Candidate ☐ Minor Party Candidate: _____ ☐ Indigent Candidate

Name of Minor Party

Candidate Name (**printed exactly as it should appear on the ballot**): _____

Mailing Address: _____
Street or PO Box City Zip

Residence Address: _____
Street City Zip

County of Residence: _____ Home Phone: _____ Work Phone: _____

Email Address: _____ Website Address: _____

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (**printed exactly as it should appear on the ballot**): _____

Mailing Address: _____ Residence Address: _____

Phone: _____ Email Address: _____ Website Address: _____

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☐ (a) I hereby certify that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, **OR**
- ☐ (b) I hereby certify that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

Filing Fee

- ☐ Candidate Filing Fee, if applicable, in the amount of \$ _____ is hereby submitted with this Declaration and Oath of Candidacy.
- ☐ Candidate Statement of Indigency. I hereby declare that I am unable to pay the filing fee set by law for the office for which I am filing, and request that my name be placed on the ballot through the Petition process without payment of the statutory fee.

OATH OF CANDIDACY - **CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THE FORM IS FILED**

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Signature of Candidate _____ Date _____

NOTARY OR AUTHORIZED OFFICER

State of Montana

County of _____

Signed and sworn to before me this _____ day of _____, 20____ by _____.

Printed Name of Candidate

Signature of Notary or Public Official
[Montana notaries must complete the following if not part of stamp at left]

Printed Name of Notary Public

Notary Public for the State of _____

Residing at: _____

My commission expires: _____, 20____

Where to file for Federal, Statewide, State District and Legislative offices:

Montana Secretary of State
State Capitol, 2nd Floor, Room 260
PO Box 202801
Helena, MT 59620-2801
By Fax: 406-444-2023

Where to file for County, City and most Local District offices:

County Election Administrator's Office
A list of county election offices may
be found at: sos.mt.gov/elections

[SEAL/STAMP]

PLEASE SEE REVERSE SIDE OR ATTACHED SHEET(S) FOR PETITION FORM.

Updated May 31, 2011



Independent, Minor Party or Indigent Candidate Oath of Candidacy and Petition for Nomination - Reverse

FOR FILING
OFFICE ONLY

Filed this _____ day of _____, 20____

Document # _____

By: _____
Deputy or Filing Officer

PETITION TO BE SUBMITTED TO COUNTY ELECTION ADMINISTRATOR FOR VERIFICATION OF SIGNATURES

Petition for Nomination for _____ for the office of _____
Candidate Name

IF THIS PETITION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Petition for Nomination of Lieutenant Governor: _____
Lieutenant Governor Candidate Name

☐ Independent Candidate

☐ Minor Party Candidate: _____
Name of Minor Party Principle Represented by Party (five words or less)

☐ Indigent Candidate

We, the undersigned registered electors of the state of Montana hereby request that in accordance with state law, the above
named be nominated for the office named above in the following election: ☐ General ☐ Other: (_____)

WARNING - A person who purposefully signs a name other than the person's own to this petition, who signs more than once for the same issue at one election or who signs when not a legally registered Montana voter is subject to a \$500 fine, 6 months in jail, or both. Each person is required to sign the person's name and list the person's address or telephone number in substantially the same manner as on the person's voter registration card or the signature will not be counted. In place of a residence address, the signer may provide the signer's post-office address or the signer's home telephone number.

				For County Election Office Use Only	
Signature	Date Signed	Residence Address or Post-Office Address or Home Telephone Number	Printed Last Name and First and Middle Initials	Legis. Rep. District Number	Reserved
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

COUNTY _____

Must be accompanied by Oath of Candidacy

Submit this form to County Election Administrator with **affidavit** attached to each sheet or section of up to 25 sheets.